



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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June 14, 2010

Earl Fitzpatrick, Administrator  
North Canyon Medical Center  
267 North Canyon Drive  
Gooding, Idaho 83330

RE: North Canyon Medical Center, provider #131302

Dear Mr. Fitzpatrick:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey of North Canyon Medical Center, concluded on June 8, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, which states that the facility complies with the Federal requirements at 405.1022(b), and a copy of the State fire safety Statement of Deficiencies form, which states that the facility complies with the Fire Protection Standards of the Rules and Minimum Standards for Hospitals.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208)334-6626.

Sincerely,

ERIC MUNDELL, REHS  
Health Facility Surveyor  
Facility Fire Safety and Construction Program

EM/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/09/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131302</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/08/2010</b>
NAME OF PROVIDER OR SUPPLIER <b>NORTH CANYON MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>267 NORTH CANYON DRIVE GOODING, ID 83330</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p><b>INITIAL COMMENTS</b></p> <p>The facility is a single story structure built and licensed in 2010. The building is classified as Type II (222) construction design with two-hour separation between the facility and adjoining administrative and non-health care medical office occupancy. The hospital license was issued for 14 beds.</p> <p>The facility was found to be in substantial compliance. No deficiencies were cited.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety &amp; Construction Program</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____					

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131302</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/08/2010</b>
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B 000	<p><b>16.03.14 Initial Comments</b></p> <p>The facility is a single story structure built and licensed in 2010. The building is classified as Type II (222) construction design with two-hour separation between the facility and adjoining administrative and non-health care medical office occupancy. The hospital license was issued for 14 beds.</p> <p>The facility was found to be in substantial compliance. No deficiencies were cited.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety &amp; Construction Program</p>	B 000			

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TITLE

(X6) DATE